

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Winfield, Carey
 VIOLATION # 69-Destroying State Property
 OR REASON
 DATE & TIME RECEIVED: 11-26-04 1904

AIS NO: 180239 CELL: # 15
 ADMITTANCE AUTHORIZED BY: Sgt. Strickland
 DATE & TIME RELEASED:

PERTINENT INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE	
		B	D	S							
	MORN										
	DAY										
	EVE										
MON	MORN										
	DAY										
	EVE										
TUE	MORN										
	DAY										
	EVE										
WED	MORN										
	DAY										
	EVE										
THUR	MORN										
	DAY										
	EVE										
11/26/04	MORN										
104	DAY	N			N	N	N	Chosen	N	Medd	Sgt. Strickland
	EVE			Y	N	N	N	Medd	N	Medd	Sgt. Strickland
FRI	MORN										
11/27/04	DAY	N	N		N	N	N	State	N	State	Sgt. Strickland
	EVE	Y	N		N	N	N	State	N	State	Sgt. Strickland
SAT	MORN										
11/28/04	DAY	N			N	N	N	State	N	State	Sgt. Strickland
	EVE	Y			N	N	N	State	N	State	Sgt. Strickland
SUN	MORN										
11/29/04	DAY	N			N	N	N	State	N	State	Sgt. Strickland
	EVE	Y			N	N	N	State	N	State	Sgt. Strickland

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Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e., 9:30/10:00 IN; 2:00/2:30 OUT)

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmate is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Richard Wright

AIS NO:

B/187140

CELL: #

4

VIOLATION
OR REASON:

31 - ASSAULT ON ANOTHER INMATE

ADMITTANCE

AUTHORIZED BY:

Lt. Babers

DATE & TIME
RECEIVED:

11/3/04 10:40 P.M.

DATE & TIME

RELEASED:

PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/22 MON	MORN	Y			NO	NO	Dr. Pines	NO	Dr. med	Julia E. Elton
	DAY		N		N	8:00-8:45	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	N	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/23 TUE	MORN	Y			NO	NO	Dr. Pines	NO	Dr. med	Julia E. Elton
	DAY		N		N	8:00-8:45	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	Y	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/24 WED	MORN	Y			NO	NO	Dr. Pines	NO	Dr. med	Julia E. Elton
	DAY		N		N	NO PAIN	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	N	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/25 THUR	MORN	N			N	cancelled	Dr. Pines	N	Dr. med	Julia E. Elton
	DAY	Y	-		N	back in seg unit	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	Y	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/26 FRI	MORN	N			NO	NO	Dr. Pines	NO	Dr. med	Julia E. Elton
	DAY	Y			N	8:45-9:35	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	N	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/27 SAT	MORN	N			N	N	Dr. Pines	N	Dr. med	Julia E. Elton
	DAY	Y	N		N	11:22-12:02	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	Y	N	Dr. Pines	N	Dr. med	Julia E. Elton
11/28 SUN	MORN	N			N	N	Dr. Pines	N	Dr. med	Julia E. Elton
	DAY	Y	-		N	10:15-11:00	Dr. Pines	N	Dr. med	Julia E. Elton
	EVE			Y	R	N	Dr. Pines	N	Dr. med	Julia E. Elton

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e.,
9:30/10:00 IN; 2:00/2:30 OUT).

Medical: Physician will sign each time the inmates is seen.

Psych: Psychological Counselor will sign each time the inmates is seen.

Comments: i.e., Conduct; Attitude, etc. *Use reverse side for additional comments
and include date, signature, and title.

OIC Signature: OIC must sign all record sheets each shift.

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SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION OR REASON: Assault On Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 PM
 PERTINENT INFORMATION: _____

AVIS NO: B/187140 CELL: # 4
 ADMITTANCE AUTHORIZED BY: Lt. Babers
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/15	MORN	Y			N	N	Shubert	N	Med	D. Johnson, COI
	DAY		Y		N	12:30-12:50	W. O. O. O.	N	med	W. O. O. O.
	EVE			Y	N	N	V. O. O.	N	med	R. O. O.
MON										
11/16	MORN	Y			N	N	L. O. O.	N	med	J. O. O.
	DAY		Y		N	R	V. O. O.	N	med	J. O. O.
	EVE			Y	N	N	K. O. O.	N	med	J. O. O.
TUE										
11/17	MORN	Y			N	N	M. O. O.	N	med	J. O. O.
	DAY		Y		N	N	W. O. O.	N	med	M. O. O.
	EVE			Y	N	N	M. O. O.	N	med	B. O. O.
WED										
11/18	MORN	Y			N	N	M. O. O.	N	med	M. O. O.
	DAY		Y		N	9:52-10:41	V. O. O.	N	med	S. O. O.
	EVE			Y	N	N	W. O. O.	N	med	M. O. O.
THUR										
11/19	MORN	Y			N	N	M. O. O.	N	med	M. O. O.
	DAY		Y		N	cancelled	V. O. O.	N	med	R. O. O.
	EVE			Y	N	N	J. O. O.	N	med	J. O. O.
FRI										
11/20	MORN	N			N	N	M. O. O.	N	med	C. O. O.
	DAY	Y	NO		N	8:50-9:35	C. O. O.	N	med	C. O. O.
	EVE			Y	N	N	M. O. O.	N	med	B. O. O.
SAT										
11/21	MORN	N			N	N	D. O. O.	N	med	C. O. O.
	DAY	Y			N	9:30-10:15	V. O. O.	N	med	M. O. O.
	EVE			Y	N	N	M. O. O.	N	med	M. O. O.
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

Exercise: Enter Actual Time Period and Inside or Outside (i.e. 9:30/10:00 IN; 2:00/2:30 OUT)

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Bullock Co. Correctional

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME: Richard Wright
 VIOLATION OR REASON: Assault on Another Inmate
 DATE & TIME RECEIVED: 11/3/04 10:40 PM
 PERTINENT INFORMATION: _____

3B
 AIS NO: B/187140 CELL: # 84
 ADMITTANCE AUTHORIZED BY: Lt. Babers
 DATE & TIME RELEASED: _____

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
11/8	MORN	Y			N	N	MR. [unclear]	N	0 med	H. Johnson, Col
	DAY						10:00		0 med	mon
	EVE			Y	N	N	MSLP	N	0 med	T. B. [unclear]
MON										
11/9	MORN	Y			NO	NO	MR. [unclear]	N	0 med	Julia [unclear]
	DAY	Y			NO	10:55-11:47	MSLP	N	0 med	2. [unclear]
	EVE			Y	Y	N	MSLP	N	0 med	R. [unclear]
TUE										
11/10	MORN	Y			NO	NO	MR. [unclear]	N	0 med	Julia [unclear]
	DAY	Y			NO	Cancel	MSLP	N	0 med	2. [unclear]
	EVE			Y	N	N	MSLP	N	0 med	R. [unclear]
WED										
11/11	MORN	Y			NO	NO	MR. [unclear]	N	0 med	Julia [unclear]
	DAY	Y	N		N	N	MSLP	N	0 med	G. [unclear]
	EVE			Y	Y	N	MSLP	N	0 med	L. [unclear]
THUR										
11/12	MORN	Y			N	N	MR. [unclear]	N	0 med	H. Johnson, Col
	DAY		N		N	12:00-12:45	MSLP	N	0 med	R. [unclear]
	EVE			Y	N	N	MSLP	N	0 med	R. [unclear]
FRI										
11/13	MORN	Y			N	N	MR. [unclear]	N	0 med	H. Johnson, Col
	DAY	Y	Y		N	12:00-12:45	MSLP	N	0 med	R. [unclear]
	EVE			Y	Y	N	MSLP	N	0 med	R. [unclear]
SAT										
11/14	MORN	Y			N	N	MR. [unclear]	N	0 med	C. [unclear]
	DAY	Y			N	10:10-10:50	MSLP	N	0 med	R. [unclear]
	EVE			Y	Y	N	MSLP	N	0 med	R. [unclear]
SUN										

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.

Meals/ SH: Shower- Yes (Y); No (N); Refused (R)

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Bullock Co. Corrections

(INSTITUTION)

SEGREGATION UNIT RECORD SHEET

INMATE NAME:

Wright, Richard

AIS NO:

CELL: # 8VIOLATION
OR REASON:31 assault on another inmateADMITTANCE
AUTHORIZED BY:Lt. M. BaltesDATE & TIME
RECEIVED:11-3-04 @ 10:40 pmDATE & TIME
RELEASED:PERTINENT
INFORMATION:

DATE	SHIFT	MEALS			SH	EXERCISE	MEDICAL VISIT	PSYCH VISIT	COMMENTS*	OIC SIGNATURE
		B	D	S						
	MORN									
	DAY									
	EVE									
MON	MORN									
	DAY									
	EVE									
TUE	MORN									
	DAY									
	EVE									
11/3/04	MORN									
	DAY									
	EVE	n			n	n	n	n	n	M. Fitzpatrick, col
WED	MORN	y			n	ln	Keayn	m.		M. Fitzpatrick, col
	DAY	y	y		N	N	V. Katz	N		S. Smart, col
	EVE			y	y	N	(J. Robb)	N	0 meds	Shapiro, col
THUR	MORN	y			no	no	Chandey	N	0 meds	Julia Elley
	DAY	y	y		N	752-800	K	N	0 meds	S. Smart, col
	EVE			y	N	N	K. Toff	N	0 meds	Shapiro, col
FRI	MORN	N			N	N	L. Lindgren	N	0 meds	H. Johnson, col
	DAY	y	y		N	1029-118	D. D. D.	N	0 meds	B. D. D.
	EVE			R	y	N	D. D. D.	N	0 meds	Shapiro, col
SAT	MORN	N			N	N	L. Lindgren	N	0 meds	C. Young, col
	DAY	y	-		N	Refused	Chandey	N	0 meds	S. Smart, col
	EVE			y	R	105-N	M. S. S.	N	0 meds	Shapiro, col
SUN	MORN									
	DAY									
	EVE									

Pertinent Info: i.e., Epileptic; Diabetic; Suicidal; Assaultive; etc.**Meals/ SH:** Shower- Yes (Y); No (N); Refused (R)**Exercise:** Enter Actual Time Period and Inside or Outside (i.e.,
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 13 10/25/20
 K 10/25/20
 10/25/20
 10/25/20

PRISON HEALTH SERVICES SEGREGATION LOG

Name: Wright Richard AIS 187140 DOB _____ UNIT 904 YEAR '05

MONTH	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
JANUARY																															
FEBRUARY																															
MARCH																															
APRIL																															
MAY		D	D	D	M	D	M	D	M	D	D	D	D	D	D	D	P	M	D	D	D	M	M	D	D	M	D	M	D	D	D
JUNE	D	D	M	M	M	D	M	D	M	D	D	D	D	D	D	D	D	M	M	D	D	D	D	M	D	D	D	M	D		
JULY																															
AUGUST																															
SEPTEMBER																															
OCTOBER																															
NOVEMBER																															
DECEMBER																															

KEY: M - MEDICAL
D - DENTAL
P - PSYCHIATRIC
N/C - NO COMPLAINTS

NURSES SIGN AND INITIAL

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SEGREGATION HEALTH LOG

Name Wright, Richard AIS# _____ Cell 704

Name Key: NC No Complaints
C Complaint (Provide Documentation in Complaint Section)

Year ____	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Time																															
January																															
Nurse																															
February																															
Nurse																															
March																															
Nurse																															
April	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC	NC																			
Nurse	DT	M	O	O	DT	M	DT	DT	O	M	M																				
May																															
Nurse																															
June																															
Nurse																															
July																															
Nurse																															
August																															
Nurse																															
September																															
Nurse																															
October																															
Nurse																															
November																															
Nurse																															
December																															
Nurse																															

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Nurse's Signature and Initials: Dea R

DEPARTMENT OF CORRECTIONS

Nursing Observations

(check only those which apply)

		Date 2-5-02				6				7				8				9				10				11	
		Shift		D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E	N	D	E				
	ambulant				✓				✓									✓	✓		✓	✓					
C	with assistance																										
O	up in chair																										
N	bed rest																										
D	good																	✓			✓	✓					
I	fair				✓				✓									✓									
T	unchanged																										
I	depressed																										
O	irritable																										
N	confused																										
	serious																										
	uncooperative																										
	side rails																										
	up																										
	down																										
SLEEP	good				✓				✓									✓	✓		✓	✓					
	restless																										
APPE-	good (80-100%)				✓				✓									✓	✓		✓	✓					
TITE	fair (30-80%)																										
	poor (0-30%)																										
	refused																										
D	regular				✓				✓									✓	✓		✓	✓					
I	diabetic																										
E	liquid																										
T	dialysis																										
M	taken as ordered																	✓			✓						
E	refused																										
D's	absent from pill call																										
S	rash																										
K	edema																										
I	warm & dry				✓				✓									✓	✓		✓	✓					
N																											
BATH	self																										
	assist																										
ELIMI-	foley				B				B									B	B		B	B					
NATION	incontinence				R				R									R	R		R	R					
	urine				P				P									P	P		P	P					
	feces																										

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NAME (LAST, FIRST, MIDDLE)

D.O.B.

AGE

R/S

AIS NUMBER

INST

Wright Richard

11

187140

KCF